

# SICC MEETING MINUTES

Truman Building, Room 400

March 11, 2005

## Members Present

Leslie Elpers  
Valeri Lane  
Kathy Daulton  
Gretchen Schmitz  
Ronald Roberts  
Sherl Taylor

Sharon Hailey  
Elizabeth Spaugh  
Melodie Friedebach  
Joan Harter  
Darin Preis

Julia Kaufmann  
Debby Parsons  
Margaret Franklin  
Sue Allen  
Kathy Fuger

## Members Not Present

Paula Nickelson

Pam Byars

## Other Staff Present

Alycia Haug  
Margaret Strecker  
Bill Connelly

Amanda Wogan  
Joyce Jackman  
Dale Carlson

Mary Corey  
Pam Williams

To review copies of handouts mentioned in the minutes below, go to the following website:  
<http://dese.mo.gov/divspeced/FirstSteps/SICCMtgdates.htm> and click on “Handouts” for the meeting you are interested in.

**Call to Order, Welcome, and Introductions** – Elizabeth Spaugh called the meeting to order at 8:40 a.m. Introductions were made.

**Approval of SICC Minutes** – Sherry Hailey made a motion to approve the minutes with the minor editing changes mentioned. Darin Preis seconded the motion. Motion passed.

**Approval of Annual Performance Report (APR)** – A draft APR was sent to the SICC for review prior to this meeting. Questions and suggested changes were submitted to a subcommittee. Yesterday the subcommittee met with Bill Connelly and Mary Corey to review the suggested changes to the APR. Valeri went through the major suggested changes with the rest of the Council.

- Bottom of page 8 - recommended moving the last two bullets to a paragraph indicating DESE anticipates changes due to governmental and legislative changes.
- Chart on page 9 – concerns that some of the items listed on the chart are not currently happening. It was suggested to title the chart “Current and Proposed Components of Missouri’s System of General Supervision” instead of “Components of Missouri’s System of General Supervision.”
- Top paragraph on page 10 – Sherry Hailey asked if information had been added to the blank in the paragraph at the top of the page. Val indicated the blank had not been filled, but would be before the co-chairs signed off on the APR.
- Paragraph at the top of page 11 – It was thought the third sentence sounded like the SPOEs and providers were monitored together. It was suggested to change the wording to “In addition, all

indicators related to on-going service coordination in conjunction with early intervention providers...” for clarification.

- Page 16 – ask to add provider availability and individuality of IFSPs to number one. Under number three, suggested that the reference to the new web software be eliminated from a current state of affairs and placed into a futures area.
- Page 21 – suggested that DESE deletes the first sentence in the first paragraph under the chart or change to say “mathematically there are sufficient providers, but realistically there are not.” The chart was taken from the family surveys. Under number two, targets, it was asked about what to do with the fact that DESE knows IFSPs are occasionally written based on services. It was decided it was a difficult question and to leave it out, plus it is covered later in this document.
- Page 19 - Melodie asked about the calculation of the average caseload. Valeri suggested that the column be deleted because it is not a caseload, but a mathematical calculation. The column could be re-titled stating average numbers of patients per provider. Mary indicated the information in that column was not overly meaningful, and then Melodie indicated it could be removed if that was the case. Mary stated the information was getting to the point that many are enrolled, but DESE knows they are not all providing to children. Melodie feels that is too broad to do on a statewide basis. Mary said there is not enough data for the reporting period to give that accurate of data. Valeri suggested that DESE delete columns D, F, and H which reference the average caseload. The No Provider Available (NPA) data was in there, but it is not accurate enough at this point to include so it was removed. Mary suggested also deleting column E and G, but Valeri feels it is still good information. Sherry asked if DESE could have the SPOEs provide one line of information on the number of providers. Mary feels the NPA data is unreliable enough to cause more questions that cannot be answered right now.
- Page 22 – suggested including the graying out of the matrix under the section “Mechanisms in place for Service Provider monitoring/oversight” because it provides some oversight and accountability.
- Page 25 – What is our child find system? Phase I has a system, but Phase II does not have a system. Some activities are done on their own by SPOE, but there is no actual system. Valeri defined a system as a plan that is implemented everywhere in a similar manner, it is closed, linked into referral, and an on-going way. Kathy Fuger mentioned there should be protocols in place. The state would come up with the system and each SPOE would implement it. Darin Preis indicated it could just provide a model. This would incorporate the issue of over referral. Melodie indicated DESE can take pieces from Phase I and have Phase II implement them also.
- Page 27 – There was concern that the first several columns contained hard data, but the end contained adjusted totals. This is defined in a footnote and then explained further in the paragraphs below. Valeri indicated the subcommittee was uncomfortable with using those parameter because the false referral rate is so high. They recommended deleting the whole adjusted total section or adjust the total by the children who are found eligible, but dropped out. It was asked if a column about children who dropped out before finding eligibility because it is a voluntary program and some families did not want to participate even if their children were eligible could be added. The on-going question is why do they not wish to participate? Children with late referrals could be included in this number also. It was suggested to add a column reflecting the number of withdrawals prior to eligibility determination.
- Page 30 – There was a typo where a question was omitted. Also end of 1<sup>st</sup> paragraph, last couple of lines, where did the anecdotal information come from? Asked where does DESE talk about families who choose to not participate in First Steps and does it belong in child find? It is related to the number of referrals. Kathy asked if DESE had enough data to know if it is really a child find issue. Valeri has heard at her SPOE that some parents drop out because they will not let a

particular provider back in their home. It was decided that this issue should not be in the report at all.

- Page 34 – Same as before, take out adjusted total column and add actual data.
- Page 36 – The goal and performance indicator statement are the same sentence, so it was suggested to reword the goal.
- Page 38 – There is so much information from family surveys that it was suggested to put the full response rate at the top of page.
- Page 40 – In the first bullet in the center of the page, it was suggested to delete the reference to other providers. In the third bullet in the center of the page, it was suggested to delete the reference to age five.
- Page 42 – On the chart at the bottom of the page, it was suggested that all areas be represented. The two areas listed are bringing the rest of the state down.
- Page 43 – The same suggestion was made for the charts on this page as on page forty-two.
- Page 44 – This page contains another reference to web SPOE and it was suggested to move it to future, not current.
- Page 52 – It was asked if the issue of some IFSPs being written on availability should be included in this report. DESE will not include that issue in this report because at this point the information is not even anecdotal. It could possibly be discussed in next year's APR.
- Page 54 – The information in this report is from 2003-2004, but these charts contain 2002-2003. What data would be best? Mary indicated that the information is all from the same fiscal year and it takes a long time for the data to catch up.

Valeri asked if the Council had any other questions or issues from the APR. Kathy Fuger made a motion to add a statement to the document, as last year, that the SICC approves the essence of the APR. Last year Valeri and Elizabeth did not sign the APR until the changes were made. Valeri made a friendly amendment to the statement to read: The SICC approves the APR based on the changes discussed today being made. Sue Allen seconded the motion. Motion passed.

**First Read of Bylaws (as revised at the last meeting)** – Leslie Elpers had a question regarding the Governor appointing the Council. It was previously decided not to have a nomination committee. The SICC might have committees, but instead of listing all of the committees in the bylaws it was decided that the executive committee would appoint committees as needed. This could be included in the procedural document that has been discussed previously. Darin Preis made a motion to pass the bylaws as the first read. Kathy Fuger seconded the motion. Motion passed. It was mentioned that July will be the end of the terms for co-chairs. Valeri indicated the Council needs to solicit nominations. Can DESE send out a message to the listserv groups requesting nominations? Melodie indicated that she has spoken with Mary Beth Luna briefly to get some additional information from her regarding if the Governor wants the Council and DESE to solicit nominations.

**Governor's Office Report on Current First Steps Legislation** – Mary Beth Luna attended today's meeting to update the Council on the proposed changes to the First Steps program. Mary Beth stated the Governor's office is anxious to work with the SICC and DESE to move forward with this program. The Governor made a commitment to keep the program, but changes need to be made. DESE knew that and made changes last year with the rebid of the Phase I SPOE area. Other states have also had to make changes in their programs. The citizens did their job by letting the Governor's office know what the program meant. The Governor's office has met with various groups of people. Discussions took place with both providers and parents. Mary Beth also spoke with an assistive technology (AT) provider to discuss AT issues. Many problems within the system were discussed: abuse with service coordinators (too many services for the child's needs); AT abuse (type of equipment, high tech maybe not needed); lack of oversight of therapist and coordination between the therapist; different therapists

being at the home at different times; and lack of coordination among state agencies that could be providing services. After meeting with various people, the Governor's office drafted a proposal. Once the proposed changes were decided upon, the Governor's office checked with the people they had been speaking with to see if the changes met their needs. The purpose of First Steps is to help parents learn to assist their child. Mary Beth discussed the key concepts of the legislation and SICC members asked questions.

- Background information was requested regarding who Mary Beth is using as her sources. Is she checking with people randomly and who is she working with for consultation? **Response:** When First Steps was eliminated from the Governor's budget recommendations there were hundreds of phone calls, and during those phone conversations the need for change was recognized. The Governor's office did not contact people, but took information from people who were angry and called in or showed up and gave suggestions. Since the General Assembly ends in May, they had to move quickly to save the program. During this process, she only had contact with one person she already knew. People were represented from throughout the state. She is happy to meet with people, but both the house and senate will hold hearings for public comment. Changes are being made daily to the legislation. She has no say in who is awarded the bid. The people she is working with now are not guaranteed a position in the new system. She will have a conversation with DESE to see about keeping or giving possible preference to the Phase I SPOE areas.
- Kathy Fuger asked DESE if the Governor's office had been given information regarding what has already gone into the First Steps program as far as the redesign and rebid. Melodie indicated that she had discussed the Phase I rebid with Mary Beth and also gave her information on the redesign. However, Mary Beth has had other meetings in which DESE did not participate.

**Insurance Coverage** – It can be hard for parents to get their insurance to pay for First Steps services. This part of the bill will allow a third party payer. Much of the language was taken from last year's proposal. The proposal is for insurance to cover physical therapy (PT), occupational therapy (OT), speech therapy (ST), and assistive technology (AT) for First Steps eligible children. This would require \$9,000 total per child (\$3,000 per year from birth to age three) from insurance, then the state would pick up additional costs, if needed. This change will not affect the maximum lifetime aggregates.

- Sue Allen stated that she spoke with a physical therapist lobbyist and the lobbyist said that the insurance piece will not be allowed to pass. Why does the Governor's office think it will pass? Melodie asked if it does not pass, what is the back-up plan? **Response:** The difference with the legislation this year is that First Steps is either backed by insurance, or there is no program. No other alternatives are being looked at because they feel this legislation will pass. Mary Beth has met with both the Department of Insurance and insurance lobbyists.
- What will happen to independent providers that are not accepted by insurance? Ronald Roberts' current therapist is independent and not a provider under an insurance program. Sherry Hailey indicated that the Governor addressed this at a public conference and the providers will not be billing the insurance. **Response:** This should not be an issue in this system because of the way it will be set up. Since the CFO is collecting the funds from insurance, the individual providers should not be affected. The way it is written any eligible child would receive services because the First Steps system is billing the insurance, not the providers. Mary Beth has been asked this question before and will follow-up with the Department of Insurance.
- At what rate will insurance be charged? Sherl Taylor indicated that the fiscal note she had received states that it will be at the Medicaid rate.
- Was Tricare (military insurance) included in the insurance piece? **Response:** Mary Beth is not familiar with that type of insurance. Dale indicated he was not sure if they were under a state

mandate. Melodie asked Mary Beth to follow-up with the Department of Insurance. Gretchen Schmitz indicated that state mandates do not apply to private type insurances.

- Would the family still have to pay the co-pay if insurance was billed? **Response:** Families would have to pay the co-pay, but they are currently looking into incorporating that with the monthly cost participation fee. This still needs to be discussed with DESE.
- Will billing insurance affect HMO issues? **Response:** The aggregate amount would not affect the maximum annual amount. The CFO would be recognized as an agent that can collect insurance.
- Can insurance companies raise premiums for the rest of the state to compensate for this? **Response:** There was not a significant increase in Connecticut. However, there is nothing to prevent them from changing their premiums.
- What insurance providers will First Steps not be able to be access? **Response:** Insurance under a federal mandate cannot be accessed, but services will be provided with another source of funds being used for payment.

**Family Cost Participation** – In order to come up with the fee base, they researched various other states' models. Georgia's model was the lowest with monthly fees ranging from \$5-\$100 based on family size and income (based on the adjusted gross income). Elizabeth Spaugh indicated that she respects this process, but they had a good income at time her son was born, but there were three other children plus high medical costs. The fee decreases based on increased family size for the same income. Other states are seeing an average savings of \$500,000 per year. Sixteen states have some form of family cost participation. Sherry Hailey indicated that from a provider perspective, sometimes the parents are not there for appointments because it is a free service. However, she feels there should be an exception/hardship policy for special circumstances (ex. major medical bills, wage earner death). According to the proposed legislation, the CFO will be responsible for collecting the money from the families. Valeri stated that it is not the purpose of Part C to fix all problems for the families, but to be able to provide the needed services for the child and family. Some felt other factors should be taken into consideration such as the child that spent months in a neonatal unit and the family's high bills. Mary Beth wrote down suggestions from the Council.

- Melodie Friedebach asked if there would be sanctions for families in arrears for payment and, if so, would children be cut from the program and services stopped? **Response:** Mary Beth stated she will have to research the sanctions, but believes that is how other states handle it. DESE will need direction from the Governor's office on how to handle families in arrears.
- This year's budget includes the amount for family cost participation, but this could take awhile to get into place. **Response:** This is to be in place by October 1, 2005. Mary Beth will work with DESE on this issue. The inclusion of First Steps services must be included in insurance policies written after January 1, 2006. These are projected dates, but will be implemented as soon as possible. They estimate \$2 million revenue from these processes. Melodie indicated that if the money is not received, then DESE will be back for the supplemental again next year. Cost participation will be for current families and those entering the system in and after October 2005.
- Was the cost of administration, monitoring, and collecting family fees included when determining the amount of revenue the program would receive from family cost participation? **Response:** She feels these costs are already covered in the contract with the CFO.
- Will these revenue streams be an income line item? **Response:** Mary Beth was not sure. She does not believe that other states do it the same way so it is hard because Missouri is putting it in a fund and not having providers or parents bill the insurance.

**Regional Structure** – The new system will be set up in a regional structure, as it is set up now, but the regions will be bigger. There will be an allotment to each region based on the child find data from the

previous year. The way the SPOE will be determined is through a bid process (still working with DMH, DESE, and providers). Those bidding must make certain assurances: ability to provide services to the children in their area with the money provided (SPOE would set up the agreement to serve the children); family service plan including family outcomes (concern from providers that service coordinators are looking at a medical model for services and not a family centered service); transdisciplinary focus (have received phone call with concerns regarding this approach, but this has been determined to be the better model to use for this system – teaching families to do the services); and DESE will need to determine additional items to coincide with the OSEP regulations.

- Whoever is awarded the contract will decide if they will provide all services or if they will contract? **Response:** Yes, it would be up to the SPOE based on the region they are serving. A concern was mentioned regarding if there are two provider agencies in an area and the SPOE is used to working with one, they may not choose to do business with the other. Mary Beth stated that there needs to be some quality assurances regarding those being subcontracted. However, some providers/provider agencies in urban areas might not be needed, but she will need to do some research.
- How is it more cost effective to have the regional offices contract instead of it going through a central office? **Response:** This was looked at as an oversight issue at a local level to make sure the needs of the children are being met.
- Will the service coordinator be the gatekeeper? **Response:** No services would be allowed without the service coordinator's approval and the service coordinator will be working with the SPOE.
- Will the provider enrollment still go through the CFO? **Response:** Both Mary Beth and Melodie indicated that those details are still under discussion.
- If the SPOE contracts with provider agencies, is it then the SPOEs responsibility to oversee the provider agencies? **Response:** Valeri indicated that this is a different structure. This is not an add-on responsibility, but would be included as part of the bid.
- A concern was mentioned that those awarded the contracts might hold back services for fear they will run out of money. **Response:** Agencies now have a budget issue along with providing the needed services as part of the bid, but they feel it can be done. If a SPOE runs out of money, it is still a federal program and services need to be provided, but the process for this issue has not been determined. Some type of documentation would be required in order for them to get any additional financial help.
- Can the SPOE pull a contract with a provider agency, if the agency does not work out? **Response:** That would be negotiated through the original contract between the SPOE and provider agency. Valeri indicated that her SPOE has reviews and length of time needed for termination set up in their contracts.
- Dale Carlson indicated that DESE has found it is hard to amend contracts for money issues, even if the data shows it is needed. **Response:** The person Mary Beth spoke with regarding the bid said it would be easy to change the contract amounts, if needed, but since Dale has different information this will need to be discuss further.
- It was mentioned that using the transdisciplinary approach would cause the SPOEs to limit services causing tension with parents and possibly increase due process. Valeri indicated that the services would be altered through the new approach. This can be portrayed to the family by letting them know that fewer services can still achieve the same outcome for the child. Melodie stated that no matter what, there will still be people who do not agree and say the old model was better. The professionalism of those awarded the contracts will make the difference during any future changes.
- Sherry indicated that during the redesign the transdisciplinary model was a key piece, but it is not being implemented as designed. Melodie stated this issue needs reviewed to see why the

transdisciplinary model has been so hard to implement because the same issues may come up again.

- The transdisciplinary model has been around for along time. There are providers who are not playing by the rules, but do not have any consequences. **Response:** It is difficult for the state to oversee that many people, but oversight is easier at a regional level. Those involved in the program will still have to meet the qualifications that DESE has in place. Melodie stated that the consultants are an extension of DESE, but they have not given sanctions yet because DESE is still researching the problem areas.
- What is your (Mary Beth) view of what a transdisciplinary model is? **Response:** One person working with the family and child as a group. She is not writing the definition, but relying on DESE and the SICC and others who are already familiar with this term.
- Can the Governor's office look into requiring someone on the main staff of those awarded the contract to have an educational degree related to children? This was brought up as an issue because some people in control of agencies do not have any experience with child development. Someone with the SPOE needs to know about child development to oversee the providers. **Response:** That probably would not go into the legislation, but could be looked at or come through DESE in the RFP.
- Will the Phase I SPOEs be rebid since they are already doing many of the items considered in these changes? **Response:** The rebid will be implemented across the state.
- Supervision of the providers will either be through direct employment or via contract. Elizabeth indicated the families need training, not just the providers. Melodie asked if the SPOEs would have to train the families. Valeri indicated this should be done through the process, not a separate training. **Response:** This is where the SPOE comes into play by choosing the providers. They can make sure everyone has the same focus, the SPOE is accountable.
- What is the targeted date for rebid? **Response:** All of this will be in effect on July 1, 2005, but the bid/RFP process will probably extend beyond the July 1, 2005, date. Melodie indicated she does not know how long the process will take. Mary Beth stated that DESE needs to be prepared to go forward on July 1, 2005.
- There was concern that the families in the Phase I area will have to go through another transition unnecessarily. **Response:** Mary Beth indicated she was sorry there are no more details at this time. Many things are still being worked out and suggestions being taken into consideration. She indicated that to be informed, people need to contact her, the Governor's office, or DESE for updates.
- Service coordinators are not being respected from the providers, so the system does not work as it should. Sherry stated that providers mention increasing services to the families, then the families call the service coordinator to request those additional services. Valeri indicated that keeping everyone under the SPOE (employees or contracted) is a way to keep everyone on the same page.
- Kathy Fuger feels there still needs to be a central place for provider enrollment.
- Why the change in the number of regions? Currently, many agencies work in more than one SPOE. **Response:** They are looking at splitting up the regions based on the number of children in each region so it is relatively equal across the state. There are people who would have the capability to do this. Leslie Elpers indicated that her provider agency contracts with DMH, but must also contract with each MRDD Regional Center Office. Each MRDD Regional Center Office is run differently. There was a concern that SPOEs with a large service delivery area would limit the family choice and a monopoly could easily come about. Valeri stated that family choice was a concern waved at redesign, but now some areas do not have a choice at all.

- When is the time for the parent to work? **Response:** The federal regulations are not set up for the parents and their activities. Elizabeth indicated that parents should be learning how to give therapy through natural daily routines and events.
- Would there be an additional allotment given to rural areas to recruit providers to those areas? Valeri stated, coming from a rural area, that there are people who choose to live/work in rural areas, but there was a lot of training to be done. In addition, not as many therapists are needed with this model and she does not think there is additional allotment for rural areas. **Response:** The SPOEs can go to other groups to get additional monies from the community. Mary Beth spoke with rural areas and they felt this model would help.
- How is the financial allotment for the regions determined, cost per child? How can DESE allot the money without knowing what kind of children there will be in each region? **Response:** They are still looking into how that will be determined. It might be done per child then based on the number of children in the area. DMH is looking into this issue more.
- What if there happen to be a lot of high cost children in one area? The allotment can be a problem because services cannot be denied due to money restrictions. **Response:** Some children are under that dollar amount, which generally compensates for higher cost children. If there is a problem, a determination will need to be made at that point. Why is there an issue and how to compensate for it? The state will have to find a way to pay for the services because federal law requires that needed services must be provided. Also, someone may need to evaluate the services to make sure they are needed.
- A concern was mentioned that since providers will be contracting with the SPOEs, they may go with the lowest bidder, which would not be good for the families. Valeri indicated that would not necessarily be the case if those awarded the contracts cared for quality. Melodie indicated that a conversation with Medicaid still needs to occur to see how the new process will work with that funding source. Previously, when a provider enrolled with the CFO, the provider was automatically enrolled with Medicaid too.
- Will the new system still use the matrix? **Response:** If a regional area needs to use providers from another area, then there is still a place for the matrix. However, Mary Beth does not know if independent providers would be shown. She is still open to suggestions.

**Bid Process** – DESE and DMH already have an interagency agreement, which is encouraged to continue. The proposed legislation gives priority to those bidding for the following areas:

- to those associated with the MRDD agency. This could possibly be moved to mandatory, instead of priority, to match the interagency agreement.
- to those agencies which have a local agreement with the Senate Bill 40 boards. However, some SB40 boards do not participate in children's issues and only work with adults.
- to those that can show they have a funding source in addition to state funds.

Another piece that needs to be added is for those bidding to show a history involving other agency agreements (management side of working other sources). There is a quality assurance issue that is not in the current legislation, but maybe added. Will preference be given to those who have gone through the process already? It is possible (ex. for the Phase I SPOEs), but they would have to provide the required assurances. However, this would need to be looked into further. Melodie asked if it could be mandatory in the legislation, instead of just a preference in the bid. Mary Beth does not do the bidding process, but indicated this could be looked into further. It was mentioned that some early intervention agencies already do fundraising to raise money to cover what the state does not reimburse. Mary Beth stated that some areas are not to that speed yet and need a push in that direction. Melodie indicated that if any additional funding came from local tax monies (ex. a SB40 board), then under federal law those funds would be regarded as a maintenance of effort record. It cannot just be an assurance, but



will have to be tracked and monitored to make sure that amount continues to be a part of First Steps funding.

- What is the transition plan they have in mind? Melodie indicated that on July 1, 2005, the current contracts would stay in place until the new contracts started and the old ones are cancelled. The new areas will be able to contract with whomever they want and any agencies without a contract agreement with a SPOE will not have a role.
- What is the transition plan and movement from one model to another without duplicating costs? **Response:** Several things are happening in Phase I and many of those changes would move to Phase II.
- It was indicated that the term regional centers could cause some problems. **Response:** Some do not want the term SPOE used anymore and even though the name is a minor detail to Mary Beth, she understands the confusion with the regional centers.
- How long does it take to prepare a bid and get everything in place? Melodie referred this question to Joyce Jackman. Joyce indicated that the rebid of Phase II would have looked like Phase I, but this would be starting with a blank slate so they do not know how long it would take. Since the legislation is still changing, DESE must wait until everything is decided.

#### **Miscellaneous Questions for Mary Beth:**

- Will there be a role for the LICCs? **Response:** This has not been looked into very much, but there is interest in hearing opinions regarding legislation on the issue. Not much has been said on this issue. It was mentioned that the LICCs were initially used to give parents a role.
- There has not been any mention regarding Department of Health and Senior Services/Children's Division in the Department of Social Services. Sherry would like more information on the collaborative efforts with those agencies. Also, is there an agreement to encompass foster children? **Response:** It has been discussed that it would be helpful to have those interagency agreements. They would all be state interagency agreements and will be discussed further with DESE.
- Does SB500 put First Steps in statute? Melodie stated that it does put it in statute.
- Some state agencies require those who qualify for their programs to apply for Medicaid. DMH can bill target case management now, but those outside the system cannot. This could be a possible new resource. **Response:** There is interest in this. However, this will not be addressed in the legislation, but will be discussed with Medicaid during their discussion.
- Will the SICC be repopulated? Is the Governor's office going to use this group as a resource? **Response:** As this process moves forward, the role and direction of the SICC will not change. The Governor's office supports that interaction.
- A concern was mentioned that if the SPOE does not contract with a family's current provider or provider agency, the family might lose their provider.
- Will the "No Provider Available" (NPA) option still be available for the rural areas? **Response:** Mary Beth asked for suggestions of ways to get more providers into the rural areas. The agency will decide what to pay providers and the regions will decide how to handle this issue. Conversations regarding this issue should still continue. Melodie indicated that this needs to be included in the bid so those bidding can explain to DESE how they plan to get providers into the more rural areas where there are currently provider shortages. Federal Part C still has the natural environment requirement for providing services.
- Many of Leslie Elpers' therapists work part-time and do not want to give up their full-time jobs (ex. with a school) to provider services for First Steps full-time. Valeri indicated that there are people out there who want to do strictly early intervention services and love the idea of being an employee and having benefits. **Response:** The legislators would say they know their areas and issues. People elect representatives to give them a voice. Mary Beth does not know that people

are letting their representatives know the issues in their area or educating them on what needs to be done. If there is a proposal on how to fix the problem, people need to give their representatives those options.

- SB500 will require two payments from families, one for an insurance co-pay and another for family cost participation. Valeri indicated that the language is different in the summary and the full bill.
- Is the HB759 the same as the SB500? **Response:** Mary Beth has not seen HB759, but assumes it is the same as SB500. However, it will change as SB500 has.
- At this time, it has not been decided if the SPOE or the CFO will cut the checks. The SPOE would still have to let the CFO know what amount to pay who. Mary Beth stated that the allocated amount would be given to the SPOE. In that situation, Melodie stated it will be the responsibility of the SPOE to pay their employees and for contracted services. The CFO will handle parent fees, insurance, Medicaid, and allocation payments.

Questions asked, but sidetracked and not answered:

- Will there be a way to get an assurance that nobody is making money through the non-profit organizations?
- Valeri asked what if the bill passes and then they decide not to appropriate the money?
- Some current SPOEs have two SB40 boards that provide early intervention services within their SPOE. When the regional centers are redrawn if a region has two SB40 boards, in order to get priority, would they have to get agreements with each board?

Mary Beth Luna again stressed that there are many ideas, but they still need to have a conversation with Medicaid and others. She thanked the Council for the invitation to today's meeting. She is trying to do her job the best way she can and she is open for people to come or call to discuss the system with her. Valeri indicated that Mary Beth would be able to attend the May meeting for more discussion.

Valeri Lane asked if the information in this discussion could be posted on the web. Melodie asked if DESE could just send it out to the SICC and the SPOE directors. There is so much misinformation out there now and at this point Melodie just wants to send it to a small group to see if they see any misinformation until these minutes are official. DESE will put draft and disclaimers on every page.

**Written Update from Phase I SPOEs (include AT update)** – There were representatives from the Phase I SPOEs on hand to answer questions regarding the handout that was sent out prior to the meeting. The handout contains an update on various changes that took place in the Phase I SPOE area. Below is additional discussion that took place including information not listed in the handout.

- Peer Review - Juli has a hard time with ABA because there is only one provider to do evaluations and provide services. Margaret Pickett indicated that it is nice to have the peer review team for guidance and training, but right now there is not a way to pay them for this service.
- Service Coordination - The Northwest SPOE indicated the split between their service coordinators and the DMH service coordinators has not been a problem, but the communication with DMH is still an issue (even at the administrative level). Juli indicated the eligibility determination timelines are getting quicker with a few exceptions (NICU). Margaret indicated that of the twelve service coordinators they hired only two were previously First Steps service coordinators. Many of the original First Steps service coordinators only wanted to work part-time so the SPOE did not have the big group of independent service coordinators to pick from as first thought. However, they have a great diversity with child development background, healthcare background, etc. Sherry Hailey asked if full-time service coordinators were the

option of the SPOE or required by the contract. The SPOEs indicated it was their choice. Juli has one part-time person they use for overflow. Her service coordinators have regular hours, but can use flex time if they have to meet a family late or early. The Northwest area has service coordinators that work out of their homes and two others that work part-time. It was asked if families can choose their service coordinators. The Northwest area allows choice between SPOE and DMH service coordinators. Juli indicated that her families choose.

- Providers - In the Northwest area, it was asked if it was independents or agencies that did not attend the meeting. The independent providers have better attendance, but agencies may send a representative. For philosophy it varies, but independents seem to follow it more. Margaret indicated that providers have made an effort to learn what is new and embrace the changes, with a couple of exceptions. Elizabeth Spaugh asked how the SPOEs deal with the provider lack of respect for the SPOE in the families' home. Juli indicated that the problem is with a minority of the providers and they have tried to meet with those people head on and let them know information needs to come from the SPOE, not the provider, unless they are employees of the SPOE. The challenge is taking apart some of the misinformation out there (now mainly regarding the possible changes to the system).
- DMH Service Coordination - Sue Allen asked if both St. Louis SPOEs send referral to the regional centers for service coordination. Both indicated they do and that DESE provides them with data to track the 60/40 split. Juli indicated her SPOE has been working well with the DMH service coordinators. The challenge is sometimes with the older/seasoned staff that does not always willingly embrace new philosophy. The Northwest SPOE indicated that it might be helpful if there were some DMH service coordinators with just First Steps caseloads.
- Assistive Technology (AT) - Darin Preis had a question regarding the cost of the AT, is it higher to go through the First Steps providers? This was discussed at the SPOE directors' meeting and the decision was to make the SPOEs able to make purchase without paying the shipping and administrative costs. The SPOEs were not sure if it has been put in place yet. The Northwest area has also seen far less requests. Margaret indicated they are receiving more appropriate requests. When requests are received that are not appropriate through First Steps, the SPOE provides the family with other resources outside of the First Steps system.

**Update on St. Louis Company Situation** – At the last SICC meeting an issue was brought up regarding a company forming a separate company to allow them to do both evaluations and provide on-going service. DESE went back to look at data for that provider agency and Mary Corey brought that information to the SICC. This is a fairly large agency, but there are only two children in the system with an evaluation from one company and services from the other. Those children were receiving minimal services. The SPOEs involved are aware of and monitoring the situation. Joyce spoke with the company and they know what they can and cannot do. Debby Parsons indicated that DESE pulled the data to see if this is major problem. Mary indicated that in Joyce's conversation with the owner of the companies she stated that the same person cannot be employed by the both companies. This is being monitored and has been addressed. Sue Allen indicated that her point in bringing this issue to the Council's attention was because a policy was put in place due to the potential for misdoing. Mary indicated that at this point there does not seem to be an issue, but it will continue to be monitored. Melodie Friedebach thought that in the new system the providers will be able to do all and asked Mary Beth. However, Mary Beth was not sure. Melodie explained that during the redesign it was decided to be a conflict of interest to evaluate and provide the on-going services, so the change was made. Mary Beth indicated that in some areas (ex. rural) the providers might have to perform both functions, but this could be discussed more in depth with DESE as to whether it will be limited to certain areas or all will be allowed to do all areas.

**Interagency Agreements** – Debby Parsons stated that the DMH interagency agreement has not been signed. Melodie Friedebach has spoken with Dorn Schuffman and there is a possibility more changes will be made. Assistive technology is listed under the SPOE in the interagency agreement, but something may need to be added under DMH for this issue (page 3, number 7). Melodie indicated DMH would probably look at it one more time, as would DESE, to make sure no additional changes need to be made. Service coordinators under the SPOE and under DMH should have the same requirements. This document is close to being signed.

**Budget** – Due to time constraints at this meeting, no budget discussion took place. However, Dale Carlson passed out the two standard handouts (SICC First Steps Monthly Expenditure/Revenue Report and SICC-First Steps Monthly Expenditures for Direct Service by SPOE) and one additional handout (First Steps System Costs/Revenues 2002-2008 est) for the SICC to reference.

**Date of First Steps Day** – Valeri Lane stated that last year this took place on Wednesday during the week of the young child. It was decided to have First Steps Day on April 6, 2005, this year. People were encouraged to bring themselves and ask families to come and participate. A suggestion was made for those coming to make an appointment with their legislators. Those planning to attend can meet in the Capital Rotunda between 10:00 and 11:00. Valeri asked if DESE could send out a message on the listserv. Melodie indicated that if Valeri drafted a message, then DESE would send it to the SPOEs and SICC. At the last meeting there was not a plan to do anything publicized, but the networks worked. Many people showed up and/or called their legislators and the Governor.

**Future meeting** – Valeri indicated that future meetings were being set up. The meeting for September would take place on the second Friday, September 9, 2005. However, the second Friday of November will be a state holiday. In order to prevent the confusion that happened regarding the January meeting, Valeri wanted the Council to decide on the November meeting date today so arrangements can be made. Valeri discouraged November 4, 2005, due to the 2005 Midwest Faculty Institute taking place that weekend. Several people involved in First Steps and the SICC attend this meeting. It was decided to use November 18, 2005. The January meeting will go back to the regular pattern of the second Friday of the month.

Item for the May agenda will include all items on today's agenda that were not covered. In addition, Mary Beth Luna is to be back. Valeri indicated she did not know if Mary Beth had the date of the next SICC meeting so DESE might want to verify the date and location with her since she indicated she would attend.

Sue Allen made a motion to adjourn the meeting. Gretchen Schmitz seconded the motion. Motion passed. Meeting adjourned at 3:00.